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ABSTRACT

The lecture discussed the following topics: (1) the beginnings in 1948 of the World Federation for Mental Health, a global nongovernmental organization which conceived of mental health in social terms, linking mental health of individuals with that of communities and nations; (2) the limited goal in the late 20th century of citizenship in a world community, rather than the inclusive one of allegiance to a single supraordinate government; (3) the role and functions of nongovernmental organizations (NGOs) affiliated with the United Nations, such as the United Nations Children's Emergency Fund (UNICEF); (4) the advocacy and educational activities of the World Federation of Mental Health, an NGO dedicated to concern with individual members of the human family, existing in an era increasingly marked by systematic genocide; and (5) the relationship of effective world citizenship, membership in a worldwide moral community, and mental health. (ABL)

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# MENTAL HEALTH AND WORLD CITIZENSHIP

*The View from an International Nongovernmental Organization*

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# MENTAL HEALTH AND WORLD CITIZENSHIP

*The View from an International Nongovernmental Organization*

*by* Eugene B. Brody

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# FOREWORD

Each of us lives in a small world defined by our daily experiences, our families, friends, and associates. While we are constantly reminded of a larger world by television, radio, and newsprint, all too frequently we view the inhabitants of other lands and cultures quite differently from the way we see those in our immediate community. The ability to see beyond one's immediate world, to empathize with individuals from different backgrounds and cultures, and to search for a common basis of understanding among individuals is critical to the development of world peace. It is also a critical component of good mental health.

This general theme was presented in a major lecture by Dr. Eugene Brody at Southwestern University, Georgetown, Texas, when he was invited to be the first speaker in their Global Issues Forum in September 1986. As former president and current secretary-general of the World Federation for Mental Health, he is uniquely well qualified to speak on mental health and world citizenship, a major theme of the World Federation since its inauguration in 1948.

Dr. Brody is the long-time editor-in-chief of the *Journal of Nervous and Mental Disease* and is currently on the faculty of the Johns Hopkins University School of Public Health where he is

developing a Center for International Mental Health in the Department of Mental Hygiene. Formerly, he served as chairman of the Department of Psychiatry at the University of Maryland and as director of its Institute of Psychiatry and Human Behavior (1959–1976). He received his M.D. degree from Harvard Medical School and his psychiatric training from Yale University School of Medicine where he also served as a faculty member before his appointment at the University of Maryland. Among his many honors and appointments, Dr. Brody currently serves as a member of the National Advisory Council to the Hogg Foundation.

As a long-time member of the World Federation for Mental Health, the Hogg Foundation is particularly pleased to publish his Southwestern University lecture on "Mental Health and World Citizenship." The term "world citizen" is used here to convey the notion of a common humanity rather than any political identification. A world community built on free consent and the respect for individual and cultural differences is a dream of many individuals that has yet to be realized. This idealized social view of mental health is an important one that is all too often neglected in our local programs to promote mental health.

*Wayne H. Holtzman*
PRESIDENT
*Hogg Foundation for Mental Health*

# MENTAL HEALTH AND WORLD CITIZENSHIP

## *The View from an International Nongovernmental Organization*

In 1948, the call to "Mental Health and World Citizenship" headed a declaration by the third International Congress on Mental Health in London, England. This was the period of hope and idealism at the close of the Second World War. The World Federation for Mental Health, a global nongovernmental organization which was born at that Congress, adopted the spirit of that declaration: "The ultimate goal of mental health," it concluded "is to help [people] live with their fellows in one world."

In 1948 the World Federation conceived of mental health in social terms. It linked the mental health of individuals with that of communities and nations. Translated to the personal level, the ability to live with one's fellows is the capacity to empathize, relate and collaborate. This is actually not too far from Freud's definition of mental health as the capacity of *individuals* to love, work and play. It is basic to the contemporary WFMH view of health as the capacity for optimal function.

The central element implied but not stated in the 1948 Declaration, that of empathy, is the ability to see the world through one's neighbor's eyes. Its failure is revealed in such collective, as well as individual, phenomena as prejudice, stereotyping other peoples, and discrimination on the basis of the others' membership in a socially visible group—whether defined on national-political, ethnic, racial, religious, or socioeconomic grounds, or because of physical or mental handicap or disability. A person's individuality, unique talents, characteristics and individual life experiences are replaced by a perception of him or her as a member of a feared, hated, despised or ignored social group.

This brave idea of living with one's "fellows" in "one world" came from the international mental health community. It preceded the

views on that score of the new intergovernmental system. It antedated by four months the 1948 United Nations Universal Declaration of Human Rights. That UN Declaration did not refer to mental health in its call for all peoples to live at peace with each other. But it approached the same goal through a powerful concept recognizing "the inherent dignity and . . . the equal and inalienable rights of all members of the human family" as "the foundation of freedom, justice and peace in the world."

This poignant concept, "the human family," is a key to any ideal of world citizenship. In 1948 it was an expression by governments, at the end of a long and exhausting world war, of a fundamental longing of individual human beings. That is the longing to be part of one overarching community while still retaining the individual and cultural diversity and individual autonomy which are part of being fully human. This longing was expressed nearly three centuries ago by Immanuel Kant when he defined human beings as self-legislating moral agents. He understood persons as reflective, self-aware and self-determining; at the same time, because of the importance which they collectively attribute to the values of liberty-autonomy, justice and beneficence, they belong to what he called the same "moral community."

Today, the longing to be part of one human community is based on general recognition that we are all more similar to each other than we are different: we all occupy the same limited space in the same fragile biosphere; we all wish to be open and secure in relation to our fellows; we would like to devote our limited resources to constructive activities in pursuit of a better life, rather than to engines of mutual destruction.

Many years have passed since the Universal Declaration of Human Rights, and this longing for world community has not been fulfilled. However, some progress has been made. The longing has been expressed in operational terms, codified, and agreed to by the member states of our imperfect intergovernmental system, the United Nations. Negotiation between governments, within the framework provided by the UN, has led to a body of precedents, opinions, decisions and agreements which suggest the outline of a universal mechanism for international collaboration. However, the success of international collaboration is limited by the nature of governments.

*The United Nations' definitions of health recognize it as a state of well-being encompassing not only psychological and physical, but social and spiritual dimensions . . . Other dimensions of mental health are more obviously rooted in social context. They reflect developmental and adult opportunities:*

*. . . to be born with an intact central nervous system to a loving and competent family,*

*. . . for growth-enhancing early developmental and stimulating experiences,*

*. . . and, later, for education, jobs, information and freedom from violence, discrimination, and unjust treatment.*

Governments, that is, nation-states, are hedged in by legal and cultural restrictions; they are responsive in their international dealings to domestic political concerns; they are—and this is the source of greatest difficulty—preoccupied with issues of sovereignty. They must act cautiously, ponderously and slowly within and outside of the UN framework, because their separate self-interests, rather than that of the human family, predominate. In this respect governments resemble individuals. The late E.B. White commented on this in 1943 while the Second World War was still raging. "It is easier," he wrote, "for a man to be loyal to his club than to his planet; the by-laws are shorter, and he is personally acquainted with the other members. A club, moreover, or a nation, has a most attractive offer to make: it offers the right to be exclusive . . . the planet holds out no such inducement. The planet is everybody's."

In 1948 the WFMH statement declared:

> The question must be faced as to whether survival is possible without adapting human institutions so that [people] can live together as world citizens in a world community, in which local loyalties are rendered compatible with a wider allegiance to mankind as a whole.
>
> The idea of the "world citizen" as here conceived, is not used in a political sense. It is rather meant to convey the notion of a "common humanity" . . . We are concerned with the attitudes and ideals of groups . . . in relation to one another, and with the principles and practices of mental health in relation to a world community.
>
> World citizenship means an informed, reflective, responsible allegiance to mankind as a whole. The movement toward world citizenship is one which fulfills, rather than goes counter to, the trend of history. Man . . . has usually limited his freedom for friendly co-operation by the degree of inclusiveness of the groups to which he has been permitted to give his loyalty. Thus in feudal times . . . loyalty was limited to a feudal lord, later to some regional principality, and still later to some larger political unit. At each step the smaller loyalty was taken up in the larger. It is possible to envisage a world community built on free consent and on the respect for individual and cultural differences.

In a slightly different vein a few years after the 1948 declaration, Garrett Hardin popularized the phrase, "the tragedy of the commons," referring to the problem of maintaining individual rights without exhausting the common resources on which our lives all depend. In time, with the acceptance of international instruments guiding certain kinds of behavior, e.g., the use of medical technologies in a way which can assault human rights, or the use of industrial technologies which can disrupt the protective ozone layer around the planet, some elements of a world government may be in place. However, those already functioning, such as the World Court at the Hague, are regularly ignored, vetoed or subverted by one or another member state. Only those dealing with health and science have developed significant records of achievement. The human family, so far, has discovered no solution to the problem of

sovereignty, selective loyalty to specific turf which may be defended at the expense of the planet. Until that solution is found we will remain a family divided against one another because of our separate self-interests and our mutual fears.

This is what brings us back in the waning years of the late twentieth century to the limited and ambiguous goal of citizenship in a world community rather than to the ambitious and inclusive one of political citizenship in a worldwide state. Universal political allegiance to a single supraordinate government does not seem feasible in a world which, with its fiercely protected territorial loyalties and its subdivided ministates, appears increasingly tribalistic rather than unified. Further, advanced computer technology has raised a new specter in the minds of some—that is the total control of individual lives and the homogenization of cultures which could accompany a single world government.

They suggest that, with our primate heritage, it is inevitable that the same drives which today lead to strong tribal leaders, who then fight with each other, will lead to strong leaders of the one world government, who could devote their energies and available technology to total control and political oppression of individuals and minorities. There would be no place to hide. In place of *political* loyalty, therefore, we continue to grope for other guiding motifs: loyalty to the human family; the mutual responsibility of all human beings for each other; enlightened self-interest as we preserve planetary resources; the creation of international institutions which will improve the quality of life for all; and instruments which will authentically protect human rights—including those of children, the ill and the disabled—in all of the world's political subdivisions.

### International Nongovernmental Organizations

These are among the reasons why another kind of international organization, a nongovernmental one, has evolved. Its existence was formally established when the United Nations came into being. The nongovernmental organization can operate in a less formal, more flexible manner, focused on substantive issues, than a govern-

mental institution. Unlike governments or the intergovernmental system, it need not be preoccupied with protecting sovereign rights, its particular demands at the expense of the commons. And even though these nongovermental organizations are international, they can evoke some of the loyalty accorded to a club, as E.B. White put it.

Some nongovernmental organizations, the general designation is NGO, pay little formal attention to the intergovernmental system. Yet their cross-national, person-to-person networks can be immensely significant. In some respects their influence is like that of individual scientists and physicians whose allegiance to truth and knowledge often enables them to bypass political obstacles in the name of humanitarian goals. They contribute to the growing nongovernmental networks of persons and groups which, bypassing political obstacles and governmental boundaries, are gradually making the planet into a single human world.

Another systematically developing social institution may have greater long-range impact. This is the set of NGOs which maintain formal relations with the intergovernmental system. These may be especially important in trying to grasp the concept of world citizenship. They are the intermediary grassroots organizations through which there is a two-way flow of information and ideas, to and from peoples and cultures and the UN agencies. They offer a chance for ordinary citizens without access to the remote structures of the UN to make their own views and aspirations known. Many NGOs are primarily advocates, educators, and network builders. Others engage in direct service. All have areas of activity independent of the UN system. It is important for them to maintain their integrity as independent entities which can espouse causes too sensitive or too threatening to the sovereignty of member states. The basic strength of any NGO does not come from the UN but from its own international membership and its own systematic international activities apart from UN lobbying or consultation. This fits the concern with world citizenship rather than world government. Most NGOs, while espousing certain universal principles—particularly those regarding human rights—are respectful of individual and cultural diversity.

Between 300 and 400 NGOs are now recognized in consultative status by one or another UN agency. Many are international associations of people in the same occupation such as psychologists, educators, doctors, lawyers, engineers and trade unionists. Others are concerned with the range of human interests such as religion, women's rights, child welfare, youth and the elderly, e.g., the International Girl Scouts and the International Federation on Aging. Most are accredited to a single UN agency. In order to understand this it should be remembered that the General Assembly, the UN forum which receives the most public attention, is its political action arm. Here is where most of the adversarial debate reflecting international conflict takes place.

Much of the substantive work of making the world a better place for human beings goes on outside of this area. It occurs under the umbrellas of six major subdivisions, plus a number of separate specialized units. The NGOs concerned with children's issues, for example, are in consulting status to UNICEF, the United Nations Children's Emergency Fund; IPPF, the International Planned Parenthood Federation is accredited to and often works in consonance with UNFPA, the United Nations Fund for Population Activities; the World Psychiatric Association along with WFMH is one of twelve NGOs accredited to the Mental Health Division of WHO, the World Health Organization; several legal NGOs, for example, the League of Arab Lawyers, are accredited to ILO, the International Labor Organization. UNESCO, the United Nations Educational, Scientific and Cultural Organzation, has the largest and most varied number of associated NGOs. ECOSOC, the Economic and Social Council, is not, properly speaking, an agency but provides a forum for a number of UN groups, notably those concerned with human rights—and a number of NGOs, including WFMH, have consultative status to this forum.

Of course, the UN agencies are not always receptive to NGO intervention, even by those accredited as consultants. In the early 1970s the USSR moved in the General Assembly that NGOs should not be permitted to initiate interventions of their own but only to respond to official requests. This effort was rejected. In 1974 at the World Congress on Population in Bucharest, NGOs felt themselves so excluded by offical UN agencies that they mounted a parallel

Congress of their own. In 1982 the WFMH delegation to the Preforum of the World Assembly on Aging, under ECOSOC, in Vienna, as well as to the Assembly itself, felt that its hard work did not result in adequate attention to the *mental health* of the elderly in the final report to the UN General Assembly. A WFMH Resolution, first formulated at a meeting of the European Council for WFMH in Copenhagen in 1984 and revised at the World Congress for Mental Health in Brighton in 1985, proposed the formation of a permanent UN body to monitor the rights of persons confined in mental hospitals anywhere in the world. This was placed on the agenda of the Sub-commission on the Protection of Discriminated Against Minorities, under ECOSOC, in Geneva and was politely listened to but it progressed no further. The closer a proposal comes to some nations' sovereignty, the less likely it is to receive a sympathetic hearing. However, other possibilities for action exist. One route is through the interaction of an NGO's representative to a UN agency headquarters (in New York, Paris, Vienna or Geneva) both with NGO committees and with country representatives themselves. Another is through participation by invitation in regular meetings of specialized agencies and UN committees with interests overlapping with those of the particular NGO. Yet another is through special projects carried out by committees and working groups of the NGO in question.

In order to understand how these activities are undertaken in regard to mental health it is useful to consider the special character of the World Federation for Mental Health.

## A Mental Health NGO—The World Federation

The World Federation for Mental Health is unique among NGOs in several ways. It is the only global mental health coalition which is both voluntary and multiprofessional and accredited to all of the relevant agencies of the UN. Its voting members include most of the world's voluntary mental health associations (whose members are primarily lay persons and some consumers) and, in addition, a significant number of national professional associations—in the

United States, for example, the American Psychological, Psychiatric, Psychoanalytic and Orthopsychiatric associations, among others. In some countries member associations also include those of nurses, social workers, educators, lawyers and jurists. Additional strength is gained through nonvoting individual members and affiliate organizations which are less than national in scope. WFMH has organizational and individual members in 72 countries on six continents in addition to a number of transnational groups which have chosen to join this overall umbrella association in order to expand their influence.

The Federation had its roots in the U.S. National Committee for Mental Hygiene, founded in 1908 by Clifford Beers after his discharge from a mental hospital in Connecticut. This was the forerunner of today's U.S. Mental Health Association. It organized the first International Congress on Mental Hygiene in Washington, D.C., in 1930. The International Committee for Mental Hygiene, founded there, produced a second International Congress in Paris in 1937, but then came World War II. It was not until 1948 that the Third World Congress was held, adopting as its theme "Mental Health and World Citizenship."

One may be less sanguine in the contemporary world than in 1948 about mental health as an international rallying slogan. We remain convinced, nonetheless, of its ultimate value because our interest, our investment, in the long run is in individual human beings, human feelings, and human creativity. Institutions and governments have powerful advocates and constituencies. Persons, however—the self-aware individuals who actually experience the anguish of loneliness, illness, injury, blocked opportunities for development, injustice and loss of liberty—have few international advocates.

In 1948 the founders of WFMH recognized the interpersonal and social aspects of mental health which make it an especially suitable vehicle for the pursuit of world citizenship. Our worldwide nongovernmental federation, carrying the banner of mental health, remains an emblem of persisting concern with individual lives, individual members of the human family, in an era marked by the most enormous, deliberately conceived and systematic genocide the world has ever known. It is an era in which identities are still

submerged as individuals are persecuted, driven from their homes and sometimes tortured because of their membership in religious, racial or ethnic groups. The welfare of individuals, including that of children, is forgotten in conflict between sovereign states or leaders of warring cultures. WFMH's existence is relevant to the United Nations' definitions of health which recognize it as a state of well-being encompassing not only psychological and physical, but social and spiritual dimensions.

Some of these dimensions can be understood as rooted in the physical body, determined by constitution and genes, with the influence of social environment less apparent. They are of special interest to physicians and other medical specialists.

Other dimensions of mental health are more obviously rooted in social context. They reflect developmental and adult opportunities: to be born with an intact central nervous system to a loving and competent family; for growth-enhancing early developmental and stimulating experiences; and, later, for education, jobs, information and freedom from violence, discrimination and unjust treatment. These opportunities are crucial because they form the basis for optimal functioning. They constitute the basis upon which a person can make reflective choices about his or her own life. The 1948 United Nations Universal Declaration of Human Rights gives a special place to health. From our perspective this is justified: impaired health diminishes individual capacity to take advantage of the opportunities basic to informed, reflective action, so as to receive an equitable share of life's rewards. Ill health may impair the capacity to relate to and empathize with others. The opportunity to be healthy is, itself, conceived by the UN as a human right.

The World Federation for Mental Health, with its particular concern for social context, subscribes to this perspective in its broadest sense. The prevention of mental ill health and promoting the capacity for optimal function—to love, work, play and relate to one's fellows—requires attention to the most vulnerable groups in the world's societies: potential parents; pregnant women; infants and young children; the elderly; migrants and refugees; victims of discrimination, violence, and socioeconomic deprivation. It requires attention, following a view of world citizenship, to mental health related issues as they reach the level of public debate on the

international scene. Yet, we run the risk of losing our leverage if our efforts are too diffuse. Thus, we retain the historical concerns which motivated Clifford Beers and his early followers. These are the rights of the mentally ill, including access to optimal treatment in least restrictive settings.

With these considerations in mind, WFMH pursues its advocacy and education goals in three overlapping ways: one is through building a world network. In addition to its own Congresses and assemblies and cosponsoring other international and regional meetings, this involves publishing a Newsletter, recruiting existing mental health and professional associations, and encouraging the formation of new associations. It also means collaborating, whenever possible, with other NGOs.

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*. . . to see the world through others' eyes;*

*. . . to understand human similarities as well as human differences due to culture and personal experience;*

*. . . to feel an affiliation with others as well as to collaborate with them.*

*In this sense mental health is a prerequisite to world citizenship.*

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A second way of working is consultation and collaboration with the intergovernmental system, the UN. In order to facilitate this part of our work we have permanent volunteer representatives accredited to the UN centers in New York, Geneva, Vienna and Paris.

Third, there are consultation and collaboration and efforts to bring our credentials and viewpoints to projects already begun in particular communities or regions.

These activities all involve our special committees and working groups; they intertwine. They reflect a continually evolving consensus about the international mental health agenda. But the details and timing of that "agenda" include what is feasible as well as what is desirable. Thus, it is shaped simultaneously by UN agencies; input from our own World Congresses, regional meetings and member associations; and, finally, by the perceptions of our board of directors, its committees and consultants.

This may be illustrated with some concrete examples. A number of WFMH European meetings have dealt with innovations in community support systems for mentally ill persons. The ideas presented and discussed by the international participants bear on the origins and prevention of mental disorder and disability; the human rights of persons defined as mentally ill; and collaboration not only across political and cultural boundaries, but across those posed by socioeconomic status, occupation, and the gulf between help-seeker and helper. A 1982 London seminar entitled "Professionals or Volunteers: Partners or Rivals?" brought together 50 participants from Europe, Canada and the US including a leader of the US ex-patients' movement. Understanding that citizenship implies informed participation in decisions which affect one's life, they confronted the issues of paternalism and elitism in the relation of professionals to lay citizens, i.e., volunteers and former patients. Efforts have been made to link these global concerns with those of local authorities and associations. Thus, in 1986 a several days' conference, "Coming Home," under the auspices of WFMH and local United Kingdom groups addressed the problems of recently discharged mental hospital patients. It eventuated in a set of recommendations to the British health ministries.

A related question concerns the labelling of deviance within particular social settings—an issue which determines in part how it is managed, treated or punished. Following the urging of a patients' rights group at the 1985 World Congress for Mental Health in Brighton, WFMH has become a consultant to the Mental Health Division of WHO in its revision of the mental disorders section of the International Classification of Diseases. This Division was established in partial consequence of the first recommendation of

WFMH to WHO in 1949, that it establish a section dealing with mental health—and from the outset close collaboration has existed between WHO's Mental Health group and WFMH. This includes regularly invited participation in WHO working groups on such standard psychiatric topics as depression and alcoholism, as well as in WHO regional meetings.

Another area is the provision of mental health services in the context of primary health care. WFMH representatives participate in WHO's regular meetings on this topic. They have also collaborated with local authorities, especially in developing countries, on mental health in primary care projects in their regions.

If one views the hypothetical agenda as a series of concentric circles, representing many institutional and cultural interests, traditional mental health concerns remain at the center. However, some themes, for example, that of patients' rights, fan out toward the periphery. In this instance they blend with human rights issues in general. The 1984 meeting on the compulsory hospitalization and treatment of people defined as mentally ill, bringing lawyers, jurists, government officials and ex-patient groups as well as mental health professionals from fifteen European countries, was able to inform the Council of Europe on a number of points related to its cross-national guidelines concerning the care of such persons.

WFMH has also been able to make a significant input related to patients' rights through participation in the first UNESCO/ International Social Science Council consultation in 1985 on the impact of advancing medical technology on human rights. This is linked to other activities related to the broad issues of human rights and the prevention of mental ill-health—not only definable disorder, but less than optimal function and well-being. The Federation has been represented, for example, in ISSC working groups on women's rights, unemployment and youth, and the peaceful resolution of international conflict, issues clearly bearing on the mental health of the human family. ISSC provides one channel of communication with colleagues from Eastern Europe. Through a contract with UNESCO, the WFMH Committee on Responsible Parenthood in 1986 organized a project on the impact of reproductive technology on women's rights and roles. The working group

included colleagues from Yugoslavia, Nigeria, Israel, France, England, Holland and the United States.

The Federation remains unique in the International Social Science Council as an interdisciplinary advocacy and educational organization linking social and psychological science, medicine, the applied mental health professions, and the voluntary mental health associations which act as advocates for the mentally ill. It acts as a forum for the interchange of knowledge between detached scientific observers and more involved participant-observers who may work in the clinic or the community. Since 1981 it has added to its constituency an additional set of people with yet another kind of knowledge. These are representatives of ex-patient and self-help groups whose knowledge is "experiential"—it comes from "having been there." They are becoming their own advocates, for themselves, their fellow patients, and their families.

As it pursues its interdisciplinary course with determined attention to creating ties with like-minded professionals and volunteers across national, social and cultural boundaries, it continues to move toward "world citizenship" and membership in "the human family."

Its capacity to function as an interdisciplinary broker between clinical and community practice and social science was enhanced by the establishment in 1986 of formal collaboration with the Department of Mental Hygiene of the Johns Hopkins School of Public Health. This Department, also a Center for preventive research of the US National Institute of Mental Health, is the first WFMH "Collaborating Center." With its interdisciplinary faculty, it brings a more informed public health and social science viewpoint to our advocacy and education activities.

Our fundamental interest in the primary prevention of mental ill health and in the social circumstances which predispose to and perpetuate it is reflected in many more direct ways. In the past few years, with support from various governmental and other agencies, we have been active participants, for example, in US NIMH supported work on mental health planning in the Caribbean Common Market Area; in US NIMH and University of Hawaii sponsored work on the mental health of US Pacific Islanders; the work of Mexican government agencies on psychiatric epidemiology and the prevention of mental ill health in Latin America; and

*. . . Universal membership in a worldwide moral community can, itself, be a factor enhancing mental health. It can provide the security essential for the full development of individual potential; it can provide the sense of belonging to the human family for which so many are longing; it can allow the devotion of man's limited resources to constructive activities in support of a better life rather than to engines of mutual destruction.*

discussions on infancy as the period most important to later mental health under UNICEF, WHO and Greek health ministry auspices.

The WFMH Responsible Parenthood Committee is perhaps most directly involved in preventive work since its concerns include all of those factors relevant to being born healthy and intact to loving and competent parents. It has also been a leader in expanding our network to that sector of the world which does not have voluntary associations and in which professional groups cannot be nongovernmental in the sense in which we understand the term. Our consulting status to the UN is probably one of the keys allowing us to open communicative channels in these areas. Thus, this Committee has consulted on research for the Prague City Department of Mental and Child Health, and, in collaboration with WHO and the Pan American Health Organization, has worked with the Cuban Ministry of Public Health on mental health aspects of adolescent pregnancy.

Advocacy for the health and human rights of patients, women, the aged, refugees, and the poor, as well as oppressed ethnic groups, has led the Federation in the 1980s to regard the concerns of ethics and social philosophy as essential corollaries to those of social and psychological science. This view has informed not only our Committee on Responsible Parenthood but that on the Mental Health of

Victims of Violence, also established in 1981. Led by political scientists and psychologists, it has worked closely with the UN Economic and Social Council and was a major contributor to the 1985 Milan Congress on the prevention of violence leading to a December 1985 UN General Assembly resolution taking specific note of the impact of violence on mental health. The ultimate consequence of this resolution will be the incorporation of this item in the developing social welfare service guidelines of a number of countries throughout the world.

## Mental Health and World Community

Effective world citizenship is inconceivable without an informed, reflective, self-determining world population. A constructive allegiance to the human family requires the ability to see the world through others' eyes; to understand human similarities as well as human differences due to culture and personal experience; to feel an affiliation with others as well as to collaborate with them. In this sense mental health is a prerequisite to world citizenship. At the same time, there is every reason to believe that universal membership in a worldwide moral community can, itself, be a factor enhancing mental health. It can provide the security essential for the full development of individual potential; it can provide the sense of belonging to the human family for which so many are longing; it can allow the devotion of man's limited resources to constructive activities in support of a better life rather than to engines of mutual destruction.

The World Federation for Mental Health pursued this vision in 1948 when it regarded the "ultimate goal of mental health" as helping people "live with their fellows in one world." So did the fledgling United Nations when it declared in its Universal Declaration of Human Rights that "the foundation of freedom, justice and peace in the world" requires recognizing "the inherent dignity and . . . the equal and inalienable rights of all members of the human family."